

<i>SERFF Tracking Number:</i>	<i>AMMH-125930089</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>20081202-02</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>2009 - Jetsport R/R</i>		
<i>Project Name/Number:</i>	<i>2009 - Jetsport R/R/20081202-02</i>		

Filing at a Glance

Company: American Family Home Insurance Company

Product Name: 2009 - Jetsport R/R

SERFF Tr Num: AMMH-125930089 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 09.0000 Inland Marine Sub-TOI

Co Tr Num: 20081202-02

State Status: Fees verified and received

Combinations

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Alexa Grissom, Betty Montesi

Author: Mellisa Anderson

Disposition Date: 12/09/2008

Date Submitted: 12/04/2008

Disposition Status: Filed

Effective Date Requested (New): 02/01/2009

Effective Date (New): 02/01/2009

Effective Date Requested (Renewal): 02/01/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 2009 - Jetsport R/R

Status of Filing in Domicile:

Project Number: 20081202-02

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/09/2008

State Status Changed: 12/09/2008

Deemer Date:

Corresponding Filing Tracking Number: 20080415-07

Filing Description:

On behalf of American Family Home Insurance Company and in accordance with the filing requirements of Arkansas, I am submitting a new Jetsport watercraft program.

Company and Contact

Filing Contact Information

Mellisa Anderson, Filing Analyst

melanderson@amig.com

SERFF Tracking Number: AMMH-125930089 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: 20081202-02
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: 2009 - Jetsport R/R
Project Name/Number: 2009 - Jetsport R/R/20081202-02

7000 Midland Blvd (800) 759-9008 [Phone]
Amelia, OH 45102 (513) 947-4929[FAX]

Filing Company Information

American Family Home Insurance Company CoCode: 23450 State of Domicile: Florida
1301 Riverplace Blvd, Ste 1300 Group Code: 361 Company Type: Property and
Casualty
Jacksonville, FL 32207 Group Name: State ID Number:
(800) 759-9008 ext. [Phone] FEIN Number: 31-0711074

SERFF Tracking Number: AMMH-125930089 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: 20081202-02
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: 2009 - Jetsport R/R
Project Name/Number: 2009 - Jetsport R/R/20081202-02

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: This is the fee for a Rate/Rule Filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Home Insurance Company	\$100.00	12/04/2008	24320484

<i>SERFF Tracking Number:</i>	<i>AMMH-125930089</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>20081202-02</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>2009 - Jetsport R/R</i>		
<i>Project Name/Number:</i>	<i>2009 - Jetsport R/R/20081202-02</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	12/09/2008	12/09/2008

<i>SERFF Tracking Number:</i>	<i>AMMH-125930089</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>20081202-02</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>2009 - Jetsport R/R</i>		
<i>Project Name/Number:</i>	<i>2009 - Jetsport R/R/20081202-02</i>		

Disposition

Disposition Date: 12/09/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMMH-125930089</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>20081202-02</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>2009 - Jetsport R/R</i>		
<i>Project Name/Number:</i>	<i>2009 - Jetsport R/R/20081202-02</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Filed	Yes
Supporting Document	Proposed Rate-Rule Filing	Filed	Yes
Supporting Document	Transmittals	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>AMMH-125930089</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>20081202-02</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>2009 - Jetsport R/R</i>		
<i>Project Name/Number:</i>	<i>2009 - Jetsport R/R/20081202-02</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMMH-125930089	State:	Arkansas
Filing Company:	American Family Home Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	20081202-02		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0000 Inland Marine Sub-TOI Combinations
Product Name:	2009 - Jetsport R/R		
Project Name/Number:	2009 - Jetsport R/R/20081202-02		

Supporting Document Schedules

Satisfied -Name:	Cover Letter	Review Status:	Filed	12/09/2008
Comments:				
Attachment:	Filing letter-rate_rule.pdf			

Satisfied -Name:	Proposed Rate-Rule Filing	Review Status:	Filed	12/09/2008
Comments:				
Attachment:	Proposed RATE-RULE pages ONLY.pdf			

Satisfied -Name:	Transmittals	Review Status:	Filed	12/09/2008
Comments:				
Attachments:	F777AR_Rate-Rule.pdf			
	F779AR_rate-Rule.pdf			



**AMERICAN FAMILY HOME
INSURANCE COMPANY**

December 4, 2008

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RE: American Family Home
First Choice Watercraft Program
Rate/Rule Filing
Company File Number: 20081202-02
NAIC Number: 127-23469
Federal ID Number: 31-0715697

Dear Commissioner:

- On behalf of American Family Home Insurance Company and in accordance with the filing requirements of Arkansas, we are submitting a new Jetsport Watercraft program.

I have enclosed a copy of the Rate/Rule manual for your review. We feel the proposed filing is neither excessive, inadequate nor unfairly discriminatory. This Rate/Rule Filing is part of the form filing 20080415-07

We are requesting an effective date for all policies new or renewed on or after 02/01/2009 for new and renewal business. If you have any questions, please contact me at the number listed below or by email at meanderson@amig.com

Cordially,

Mellisa M. Anderson
Compliance Analyst
The Midland Company/AMIG
1-800-759-9008 ext. 5835

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPORT PERSONAL WATERCRAFT PROGRAM**

GENERAL RULES

1. Term

Policies are issued on a 12-month term.

2. Minimum Premium Requirements

Minimum Written	Minimum Earned
\$65	\$65

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPORT PERSONAL WATERCRAFT PROGRAM**

WATERCRAFT PHYSICAL DAMAGE COVERAGE (optional)

Base Premiums

CC's	Premium
0-699 cc	\$209
700-850 cc	\$247
851-1000 cc	\$272
Above 1000 cc	\$284
Mini Jet Boat	\$284

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPORT PERSONAL WATERCRAFT PROGRAM**

UNIT AGE FACTORS

Unit Age	Amount
0-1 year	1.00
2-3 years	0.90
4-5 years	0.80
6 or more years	0.70

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPORT PERSONAL WATERCRAFT PROGRAM**

JETSPORT LIABILITY RATES (mandatory)

Limit	Watercraft Liability
\$50,000 / \$50,000 / \$50,000	\$73
\$50,000 / \$50,000 / \$100,000	\$77
\$100,000 / \$100,000 / \$100,000	\$103
\$100,000 / \$100,000 / \$300,000	\$117
\$100,000 / \$100,000 / \$500,000	\$129
\$300,000 / \$300,000 / \$300,000	\$155
\$500,000 / \$500,000 / \$500,000	\$211

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPORT PERSONAL WATERCRAFT PROGRAM**

JETSPORT LIABILITY ONLY RATES

Limit	Watercraft Liability Only
\$50,000 / \$50,000 / \$50,000	\$102
\$50,000 / \$50,000 / \$100,000	\$108
\$100,000 / \$100,000 / \$100,000	\$144
\$100,000 / \$100,000 / \$300,000	\$164
\$100,000 / \$100,000 / \$500,000	\$181
\$300,000 / \$300,000 / \$300,000	\$217
\$500,000 / \$500,000 / \$500,000	\$295

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPORT PERSONAL WATERCRAFT PROGRAM**

PHYSICAL DAMAGE DEDUCTIBLES

Option	Premium
\$250 Deductible	Included
\$300 Deductible	(\$15.00)
\$500 Deductible	(\$45.00)

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPOUR PERSONAL WATERCRAFT PROGRAM**

ADDITIONAL OPTIONS

Option	Premium
Watersports Liability	25% of Watercraft Liability or Watercraft Liability Only
Medical Payments	\$5.00 per additional \$1,000 (\$1,000 Included)
Trailer Physical Damage	\$10.00
JetSport Machinery Damage Exclusion Endorsement	(\$50.00)
JetSport Advantage Endorsement	\$15.00
JetSport Advantage Plus Endorsement	\$30.00

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPOUT PERSONAL WATERCRAFT PROGRAM**

TRANSFER DISCOUNT

TYPE	DISCOUNT
Transfer Discount 1	-5%
Transfer Discount 2	-10%

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPORT PERSONAL WATERCRAFT PROGRAM**

OWNERSHIP EXPERIENCE DISCOUNT

TYPE	DISCOUNT
Ownership Experience	-10%

<p>ARKANSAS AMERICAN FAMILY HOME INSURANCE COMPANY JETSPORT PERSONAL WATERCRAFT PROGRAM</p>
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MULTI-UNIT DISCOUNT

Multi Unit Discount	-10%
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**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPORT PERSONAL WATERCRAFT PROGRAM**

RENEWAL DISCOUNT

TYPE	DISCOUNT
Renewal Discount 1	-5%
Renewal Discount 2	-10%

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPOUT PERSONAL WATERCRAFT PROGRAM**

AFFINITY DISCOUNT

TYPE	DISCOUNT
Affinity Group Discount 1	-5%
Affinity Group Discount 2	-10%

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPORT PERSONAL WATERCRAFT PROGRAM**

LOSS EXPERIENCE SURCHARGE

TYPE	SURCHARGE
Loss Experience Surcharge 1	10%
Loss Experience Surcharge 2	50%

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPORT PERSONAL WATERCRAFT PROGRAM**

DRIVING RECORD SURCHARGE

TYPE	SURCHARGE
Driving Record Surcharge 1	25%
Driving Record Surcharge 2	50%
Driving Record Surcharge 3	100%

**ARKANSAS
AMERICAN FAMILY HOME INSURANCE COMPANY
JETSPORT PERSONAL WATERCRAFT PROGRAM**

MULTIPLE/CORPORATE SURCHARGE

TYPE	SURCHARGE
Multiple / Corporate Owned Surcharge	20%

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #
Munich Re: Group	361

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Family Home Insurance Company	FL	23450	31-0711074	09

5. Company Tracking Number	20081202-02
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Mellisa Anderson PO Box 5326 Cincinnati, OH 45102	Filing Analyst	800-759-9008 x 5835	513-947-4929	meanderson@amig.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Mellisa Anderson

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	9.0 - Inland marine
10. Sub-Type of Insurance (Sub-TOI)	9.0000 - Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	Jet Sport
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 02/01/09 Renewal: 02/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a

20. This filing transmittal is part of Company Tracking #	20081202-02
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On behalf of American Family Home Insurance Company and in accordance with the filing requirements of Arkansas, I am submitting a new Jetsport watercraft program.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div data-bbox="159 1526 284 1589"> <p>Check #:</p> <p>Amount:</p> </div> <div data-bbox="159 1841 1474 1911"> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> </div>	

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	20081202-02
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	20080415-07
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	New Program
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
American	n/a	n/a	n/a	n/a	n/a	n/a	n/a

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	n/a	
5b.	Overall percentage rate impact for this filing	n/a	
5c.	Effect of Rate Filing – Written premium change for this program	n/a	
5d.	Effect of Rate Filing – Number of policyholders affected	n/a	

6.	Overall percentage of last rate revision	n/a
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7.	Effective Date of last rate revision	n/a – new program
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	n/a – new program
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	New program	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	